

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **COMPUTER IMPLEMENTED CUSTOMER VALUE MODEL IN AIRLINE INDUSTRY** (Docket No. 8907), the specification of which

 X is attached hereto.

 was filed on _____ as
Application Serial No. _____
and was amended on _____.
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: **None**

Prior Foreign Application(s)

Priority Claimed

| | | | | |
|-------------------------------|--------------------------------|---|----------------------|---------------------|
| <u> </u> (Number) | <u> </u> (Country) | <u> </u> (Day/Month/Year Filed) | <u> </u> Yes | <u> </u> No |
| <u> </u> (Number) | <u> </u> (Country) | <u> </u> (Day/Month/Year Filed) | <u> </u> Yes | <u> </u> No |

I hereby claim the benefits under 35 U.S.C. §119(e) of any United States Provisional Patent Application(s) listed below.

(Application Serial No.)

(Filing Date)

(Application Serial No.)

(Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: **None**

(Application Serial No.)

(Filing Date)

(Status)(Patented, Pending, Abandoned)

(Application Serial No.)

(Filing Date)

(Status)(Patented, Pending, Abandoned)

And I hereby appoint:

Paul W. Martin of Dayton, Ohio, Registration No. 34,870,
and Douglas S. Foote of Dayton, Ohio, Registration No. 31,013,
and James M. Stover of Dayton, Ohio, Registration No. 32,759,
and Michael Chan of Dayton, Ohio, Registration No. 33,663,
and Charlene Stukenborg of Dayton, Ohio, Registration No. 40,832,
and Benjamin J. Hauptman of Alexandria, Virginia, Registration No. 29310,
and Kenneth M. Berner Alexandria, Virginia, Registration No. 37093.

my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. I hereby expressly waive my right to revoke the Power of Attorney granted above. Address all telephone calls to Paul W. Martin at telephone number 937/445-2990. Address all correspondence to Paul W. Martin, NCR Corporation, Law Department, 101 W. Schantz Avenue, ECD-2, Dayton, Ohio 45479-0001.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and

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| Variable | Mean | SD | Min | Max |
|--|------|------|-------|------|
| Age | 34.5 | 10.2 | 22 | 55 |
| Gender | 0.5 | 0.5 | 0 | 1 |
| Marital status | 0.6 | 0.5 | 0 | 1 |
| Education | 12.5 | 1.5 | 9 | 16 |
| Income | 1500 | 500 | 500 | 3000 |
| Health status | 0.8 | 0.2 | 0 | 1 |
| Smoking status | 0.3 | 0.5 | 0 | 1 |
| Alcohol consumption | 0.2 | 0.4 | 0 | 1 |
| Exercise frequency | 0.5 | 0.5 | 0 | 1 |
| Stress level | 4.5 | 1.5 | 1 | 7 |
| Sleep quality | 3.5 | 1.0 | 1 | 5 |
| Work satisfaction | 4.0 | 1.2 | 1 | 5 |
| Life satisfaction | 4.2 | 1.1 | 1 | 5 |
| Depression score | 1.5 | 1.0 | 0 | 3 |
| Anxiety score | 1.8 | 1.1 | 0 | 3 |
| Resilience score | 2.5 | 1.2 | 0 | 4 |
| Optimism score | 3.0 | 1.3 | 0 | 4 |
| Self-efficacy score | 3.2 | 1.4 | 0 | 4 |
| Perceived stress score | 2.8 | 1.2 | 0 | 4 |
| Life events score | 2.0 | 1.0 | 0 | 3 |
| Support system score | 3.5 | 1.1 | 0 | 4 |
| Healthcare utilization | 0.7 | 0.3 | 0 | 1 |
| Medication adherence | 0.8 | 0.2 | 0 | 1 |
| Health insurance status | 0.9 | 0.1 | 0 | 1 |
| Access to healthcare | 0.6 | 0.4 | 0 | 1 |
| Health literacy level | 3.0 | 1.0 | 1 | 4 |
| Health beliefs | 3.5 | 1.2 | 1 | 4 |
| Health behaviors | 3.8 | 1.1 | 1 | 4 |
| Health outcomes | 3.2 | 1.0 | 1 | 4 |
| Health status change | 0.5 | 0.5 | 0 | 1 |
| Healthcare costs | 1000 | 300 | 500 | 1500 |
| Healthcare quality | 4.0 | 1.0 | 1 | 5 |
| Healthcare access | 4.2 | 1.1 | 1 | 5 |
| Healthcare satisfaction | 4.5 | 1.2 | 1 | 5 |
| Healthcare utilization change | 0.2 | 0.2 | 0 | 0.4 |
| Healthcare costs change | -500 | 200 | -1000 | 0 |
| Healthcare quality change | 0.5 | 0.5 | 0 | 1 |
| Healthcare access change | 0.3 | 0.3 | 0 | 0.6 |
| Healthcare satisfaction change | 0.4 | 0.4 | 0 | 0.8 |
| Health status improvement | 0.6 | 0.4 | 0 | 1 |
| Healthcare utilization improvement | 0.5 | 0.3 | 0 | 1 |
| Healthcare costs reduction | 0.7 | 0.3 | 0 | 1 |
| Healthcare quality improvement | 0.8 | 0.2 | 0 | 1 |
| Healthcare access improvement | 0.9 | 0.1 | 0 | 1 |
| Healthcare satisfaction improvement | 0.6 | 0.4 | 0 | 1 |
| Health status decline | 0.4 | 0.4 | 0 | 1 |
| Healthcare utilization decline | 0.3 | 0.3 | 0 | 0.6 |
| Healthcare costs increase | 0.5 | 0.3 | 0 | 1 |
| Healthcare quality decline | 0.4 | 0.2 | 0 | 0.8 |
| Healthcare access decline | 0.3 | 0.3 | 0 | 0.6 |
| Healthcare satisfaction decline | 0.4 | 0.4 | 0 | 0.8 |
| Health status stability | 0.5 | 0.5 | 0 | 1 |
| Healthcare utilization stability | 0.4 | 0.4 | 0 | 0.8 |
| Healthcare costs stability | 0.6 | 0.3 | 0 | 1 |
| Healthcare quality stability | 0.7 | 0.2 | 0 | 1 |
| Healthcare access stability | 0.8 | 0.1 | 0 | 1 |
| Healthcare satisfaction stability | 0.5 | 0.4 | 0 | 1 |
| Health status change rate | 0.1 | 0.1 | 0 | 0.2 |
| Healthcare utilization change rate | 0.05 | 0.05 | 0 | 0.1 |
| Healthcare costs change rate | -0.1 | 0.05 | -0.2 | 0 |
| Healthcare quality change rate | 0.05 | 0.05 | 0 | 0.1 |
| Healthcare access change rate | 0.03 | 0.03 | 0 | 0.06 |
| Healthcare satisfaction change rate | 0.04 | 0.04 | 0 | 0.08 |
| Health status improvement rate | 0.05 | 0.05 | 0 | 0.1 |
| Healthcare utilization improvement rate | 0.04 | 0.04 | 0 | 0.08 |
| Healthcare costs reduction rate | 0.06 | 0.03 | 0 | 0.12 |
| Healthcare quality improvement rate | 0.07 | 0.02 | 0 | 0.14 |
| Healthcare access improvement rate | 0.08 | 0.01 | 0 | 0.16 |
| Healthcare satisfaction improvement rate | 0.05 | 0.04 | 0 | 0.1 |
| Health status decline rate | 0.04 | 0.04 | 0 | 0.08 |
| Healthcare utilization decline rate | 0.03 | 0.03 | 0 | 0.06 |
| Healthcare costs increase rate | 0.05 | 0.03 | 0 | 0.1 |
| Healthcare quality decline rate | 0.04 | 0.02 | 0 | 0.08 |
| Healthcare access decline rate | 0.03 | 0.03 | 0 | 0.06 |
| Healthcare satisfaction decline rate | 0.04 | 0.04 | 0 | 0.08 |
| Health status stability rate | 0.05 | 0.05 | 0 | 0.1 |
| Healthcare utilization stability rate | 0.04 | 0.04 | 0 | 0.08 |
| Healthcare costs stability rate | 0.06 | 0.03 | 0 | 0.12 |
| Healthcare quality stability rate | 0.07 | 0.02 | 0 | 0.14 |
| Healthcare access stability rate | 0.08 | 0.01 | 0 | 0.16 |
| Healthcare | | | | |

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Full name of second inventor _____

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